
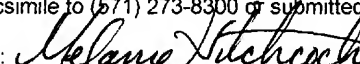


**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Parkhe et al.	Art Unit: 1763
Application No: 10/786,876	Examiner: Moore, Karla A.
Confirmation No: 1903	Attorney Docket No: 008850 USA/MDP/COPPER/SC
Filed: February 24, 2004	February 3, 2009
Title: COATING FOR REDUCING CONTAMINATION OF SUBSTRATES DURING PROCESSING	San Francisco, CA 94107

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450	<b>Extension of Time</b>		
	<input checked="" type="checkbox"/> Applicant requests an extension of time under 37 C.F.R. 1.136		
<b>VIA EFS</b>  <input checked="" type="checkbox"/> Response to Non-Final Office Action <input type="checkbox"/> Drawing <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> (2) Postcards for Return	Extension (Months)	Extension Fee	
		Large Entity	Small Entity
	<input checked="" type="checkbox"/> One Month	\$130.00	\$65.00
	<input type="checkbox"/> Two Months	\$490.00	\$245.00
	<input type="checkbox"/> Three Months	\$1,110.00	\$555.00
	<b>Total \$ 130.00</b>		
<input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.			

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	13	57	0	\$52.00	\$26.00	\$0.00
Independent Claims	2	12	0	\$220.00	\$110.00	\$0.00
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00
Supplemental Information Disclosure Statement						
<b>Total</b>						<b>\$0.00</b>

<b>Fee Payment</b>		<b>Fee Deficiency</b>	
Extension Fees	\$130.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .	
Fees for Extra Claims	\$0.00		
<b>Total</b>	<b>\$130.00</b>	Please direct telephone calls to: Ashok K. Janah at (415) 538-1555 Please continue to send correspondence to: <b>Janah &amp; Associates, P.C.</b> 650 Delancey Street, Suite 106 San Francisco, CA 94107	
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$130.00.		Respectfully Submitted,  By:  Date: <u>February 3, 2009</u> Ashok K. Janah Registration No. 37,487	
<b>CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a):</b>  I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below or via facsimile to (571) 273-8300 or submitted electronically via EFS:  By:  Date: <u>February 3, 2009</u> Melanie Hitchcock			